

IDAHO UNITED CREDIT UNION

PO Box 2268, Boise ID, 83701

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Phone: 208-388-2138

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS-27)

THIS DEBITS ACCOUNTS AT OTHER F.I. AND CREDITS IUCU

I hereby authorize Idaho United Credit Union, to initiate debit entries to my account in the amount indicated below and to debit the same to such account for the duration and frequency below named. I also authorize an automatic transfer to be made from my IUCU savings account to my loan(s). I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law and that the information below is that of an account which I am a signer and the depository bank information is correct to the best of my knowledge.

Depository Name _____

Branch _____ Phone _____

City, State, Zip _____

Routing Number*** _____ Account Number _____

*****SOME FINANCIAL INSTITUTIONS HAVE MULTIPLE ROUTING NUMBERS. PLEASE CONTACT YOUR FI AND REQUEST CORRECT RTN OR PROVIDE A BLANK CHECK FOR VERIFICATION*****

This authorization is to remain in full force and effect until Idaho United Credit Union has received written notice from me of its termination in such time and manner as to afford Idaho United Credit Union and the Depository Bank a reasonable opportunity to act on it.

_____ (initial to acknowledge that you have read and understand termination policy)

Amount _____ Frequency: Monthly or Bi-Weekly *Date____/____/____
mm dd yyyy

Member Name _____ Account # _____ Loan # _____

Member Signature

Date of Signature

Member E-mail address

***The date each month that your account at Idaho United Credit Union is credited. Please allow 5-7 business days for debit to show in other account. If desired date is on a Saturday, Sunday or holiday that we are closed, the origination will be processed the following business day and appear in your IUCU account the day after processing. This is only the payment request. It is your responsibility to review your bank statement to confirm that this transaction was successful.**